15-359

RECEIVED

NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior to the date of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event.

SPECIAL EVENTS APPLICATION FORM

1.	Name/Description of Event: American Cancer Society's Relay For Life of Manifowa County				
2.	Date of Event:/ If multiple days, Start Date: 07/24/15 End Date: 07/25/15				
3.	Date of Event:/ If multiple days, Start Date: 07/24/15 End Date: 07/25/15 Time Event will start to form: 8 am AM/PM Actual Start Time: 6 PM AM/PM Finish Time: 9 am AM/PM				
4.	Name and complete address of Organization/Individual organizing the Event:				
	Amenican Cancer Society Name of organization, if applicable Telephone # (920) 321 - 1374				
	Manifowor Event Leadership team (Alexis Kutherine hind Business # (920) 321-1374 Name (first, middle, and last) of individual organizing the Event (if applicable)				
	790 Marvelle Lane Date of Birth/				
	City, State, ZIP individual				
	Is the sponsoring organization a 501(c)(3) organization? Yes No				
5.	Email address of organizer: alexis. lindem a cancer org or mtwoty of 1@ yahoo com				
6.	Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any,				
	including all turns and the number of traffic lanes to be used. Rob Rubick Municipal Field				
	Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Municipal Field				
Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.					
	Does the event require streets to be closed? Yes No If yes, which street(s):				
	Will the event be held indoors? Yes No If yes, what building?				
	Building Name & Street Address				
7.	Tell us about your Event:				
	Will food be prepared and/or served at the event? Yes No You are responsible for obtaining any necessary permits for food from the Manitowoc County Health Department.				
	Will you be having a band or amplified music? X Yes \ No CMUSIC will be off in overnight hours)				
	What is the estimated attendance at your event, including observers? 1000 - 1300 individuals				
	How many vendors will be at your event? No How many vehicles? 300 - 500 vehicles				
	Do you require any special parking restrictions? Yes No If yes, what type, when, and where:				

	Will any of the following services be required? Barricades Clean-up Street-sweeping For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.				
	Will a tent or any other temporary structures be erected? Yes No				
	Will any fireworks or pyrotechnic devices be used during the event? Yes No Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.				
	What toilet facilities will be made available to your participants? \(\sum \) Indoor \(\sum \) Outdoor Please describe the toilet facilities that will be provided, including their locations and the number of units: 2 Portable				
	restrooms, I Handicap Restroom, 2 portable sinks				
	Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of beer and/or wine. Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.				
8.	. Safety and Security for Your Event:				
	Do you have the correct level of insurance for your specific event? Yes No Please see the Special Events Insurance Form to ensure you have the proper coverage. You must submit the insurance certificate to the City Clerk's Office at least 10 days before your event.				
	Designated contact person for the event:				
	Alexis Lindem Name of Day-of coordinator (920) 321 Phone # before	- <u>1374</u> event	(920) <u>851</u> - <u>2346</u> Phone # the day of the event		
	Is security needed for this event? Yes No				
	Ken Peter Sen (920) 323 Name of Security Coordinator Phone # before	- 9296 event	(920) 323 - 9296 Phone # the day of the event		
	Do you have a plan in place to deal with medical emergencies that may occur of	during your event?	Yes No		
9.	Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.				
10.	Legal Notice				
	I understand the filing of this application does not ensure approval of a Special Event. I also understand that all Special Event organizers and participants must comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Fees for park facilities, liquor licenses, tent and fireworks permits, and other necessary licenses and permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for the denial of the event.				
	The undersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims or personal injury claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be at the sole risk of the undersigned, and that the City of Manitowoc shall not be liable for any injury, loss or damage to said property or injury to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment by mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have received, read and understand the Special Events Policy and agree to be bound by all requirements as stated in the Special Events Policy and it is hereby incorporated by reference into this signed agreement.				
	Signature of Applicant:	Dat	e: 3/2/2015		
CO	MMITTEE RECOMMENDATION:				
COMMON COUNCIL APPROVAL:		Cancer Information 800.227.2345 cancer.org	RELAY		
DII	O COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?	Alexis Lindem	Americ		
Relay For Life Specialist O:\wpdocs\WEBSITE\Special Events App Form (2).doc					

Green Bay 790 Marvelle Ln., Green Bay, WI 54304 p) 920.321.1374 f) 920.321.1388 alexis.lindem@cancer.org

Sandy Ronski

From:

Alexis Lindem <alexis.lindem@cancer.org>

Sent:

Thursday, March 12, 2015 8:52 AM

To:

Sandy Ronski

Subject:

RE: Special Event Request for Relay for Life

Hi Sandy,

The plan is to just be utilizing the Ron Rubick Municipal Field for all the walking that would be done. We would not need to block off anything and would just be using the track for walking. My only concern is whether or not there would be enough parking at Ron Rubick field. In that case, we would need to ask if the city would be willing to allow us to have any overflow parking in their lot.

Thank you and please feel free to reach out to me if you have any other questions!

Alexis

Alexis Lindem | Community Manager, Relay For Life Midwest Division | American Cancer Society, Inc. 790 Marvelle Ln Green Bay, WI 54304 Phone: 920.321.1374

cancer.org | 1.800.227.2345











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From: Sandy Ronski [mailto:sronski@manitowoc.org]

Sent: Tuesday, March 10, 2015 1:47 PM

To: Alexis Lindem

Subject: Special Event Request for Relay for Life

You recently turned in a special event application for the American Cancer Society's Relay for Life event for July 24th – 25th. For the location of the event, you listed the Ron Rubick Municipal Athletic Field (which is north of Grand Avenue). Will your event be held entirely on the school's property or will you be having any of the Walk/Run events on the City sidewalk, streets or the City's Municipal field south of Grand Avenue?

Sandy Ronski

Operations Clerk II Cemetery/Parks/Transit/Streets & Sanitation Depts. City of Manitowoc 2655 S 35th St. Manitowoc, WI 54220 920-686-6518 920-686-6525 fax www.manitowoc.org